

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-4073
 www.iowa.gov/ethics

**FORM-GB**

Gift or Bequest information received
 by a department or accepted by the
 Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

| | |
|---------------------------------------------|-----------------------|
| Clarinda MHI | |
| Name of Department or Office 1800 N 16th | Clarinda, IA 51632 |
| Mailing Address 712-542-2161 | City, State, Zip Code |
| Area Code & Telephone No. | |

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

| | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| Sue Rehwaldt Hays | |
| Name | |
| Mailing Address (if different from above) Sue.RehwaldtHays@iowa.gov | City, State, Zip (if different from above) 712-542-2161 Ext.3317 |
| Email Address | Area Code & Telephone Number (if different from above) |

DONOR OF GIFT OR BEQUEST:

| | |
|------------------------------|---------------------------------------------|
| Teresa Grimes | |
| Name | |
| Mailing Address | Clarinda, IA 51632 City, State, Zip Code |
| Area Code & Telephone Number | |
| Email Address (optional) | |

| | |
|----------------------------------------------------------------------------------------------------------------------------|--------------|
| 2/10 | \$ 15.00 |
| Date of Gift or Bequest | Amount/Value |
| *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". | |

Provide a description of the gift or bequest and purpose thereof:

Avon products for patient use.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Sue Rehwaldt Hays, affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

3/17/10

Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
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